PATENT APPLICATION FEE DETERMINATION RECORD										Application or Docket Number			
Effective December 8, 2004									11	10/565010			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
U.S	. NATIONAL	STAGE FEES	(Colum	111	Γ	(Column 2)	7		<u> </u>	7 7	SMALL	ENTITY	
BASIC FEE			CMAIL EN	T = \$ 450			┨	RATE	FEE		RATE	FEE	
			SMALL ENT. = \$ 150 Setisfies PCT Article 33(1)-			RGE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	300	
EXAMINATION FEE			(4) = \$ 50 / \$ 100 All other situations (ie. No			other situations = \$ 100 / \$ 200		EXAM. FEE			EXAM, FEE	200	
SEARCH FEE			Search Rpt.) = \$ 250 / \$ 500		ALL	ISA = \$50 / \$ 100 other countries = \$ 200 / \$ 400	0	SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =	1	X'\$ 125 =	1.	1	X \$ 250 =	100	
TOTAL CHARGEABLE CLAIMS			/4 m	nus 20 =	*		1	X \$ 25 =	 	OR	X \$ 50 =	-	
INDEPENDENT CLAIMS			5 "	ninus 3 ≃	٠ ر	2	1	X \$ 100 =		OR	X \$ 200 =	120	
MUI	TIPLE DEPEN	DENT CLAIM PRI	ESENT			П	i	+\$ 180 =		OR		200	
If the difference in column 1 is less than zero, enter "0" in column 2						J	TOTAL		1	+ \$ 360 =	<u> </u>		
OR IDIAL //												//60	
CLAIMS AS AMENDED - PART II 2-15-7 (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER		
AMENDMENT A		CLAIMS REMAINING		HIGH	EST	PRESENT		,	ADDI-) 	SMALL E	ADDI	
		AFTER AMENDMENT	·	PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	22	Minus	20	, .	= /		X \$ 25 =		OR	X \$ 50 =	100	
	Independent	5	Minus	444		= /	•	X \$ 100 =		OR	X \$ 200 =	7	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	./	OR	+ \$ 360 =	/	
	•					. [TOTAL ADDIT.	/	OR	TOTAL ADDIT.	100-00	
		(O=h 4)						•	t .		FFF / {	700	
		(Column 1)		(Colum		(Column 3)	r		<u> </u>	· -			
AMENDMENT B	• :	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Ī	·X \$ 25.=		OR	X \$ 50 =	,	
	Independent	•	Minus	***		=	Ī	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT:		L	OTAL ADDIT.		
					•	•				•	FFF L		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875 (Rev. 02/2005)

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